



**REVOCATION OF POWER OF
ATTORNEY WITH
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/780,463
Filing Date	February 17, 2004
First Named Inventor	Clark, et al.
Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	MCA-640 CIP/US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

25182

☒ Please change the correspondence address for the above-identified application to:

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Customer Number:

25182

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Attorney for Applicant. See attached General Power of Attorney

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name John Dana Hubbard

Signature

Date April 2, 2004

Telephone

978-715-1265

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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